

Massage Therapy Licensing Examination CANDIDATE HANDBOOK

ONLY for candidates who have completed a 300-hour training program

July 2008



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All questions and requests for information about state licensure requirements should be directed to:

Massage Therapy Licensing Program
Texas Department of State Health Services
MC-1982
PO Box 149347
Austin, TX 78714-9347, USA
E-mail: message@dshs.state.tx.us
Telephone: 512/834-6616
Fax: 512/834-6677
Website: www.dshs.state.tx.us/massage/

All questions and requests for information about examination scheduling should be directed to:

Applied Measurement Professionals, Inc.
18000 W. 105th Street
Olathe, KS 66061-7543
Voice: 913/895-4600
Fax: 913/895-4651
Website: www.goAMP.com

◆◆◆ INTRODUCTION

This handbook provides information about the Texas Massage Therapy Licensing Examination for candidates who have completed a 300-hour training program. It outlines the design and content of the examination and guides candidates throughout the examination process. For your convenience, this handbook may be downloaded from AMP's website at www.goAMP.com.

◆◆◆ INDEPENDENT TESTING AGENCY

The Texas Department of State Health Services (Department) has contracted with Applied Measurement Professionals, Inc. (AMP) to assist in the administration and scoring of the Massage Therapy Licensing Examination for candidates who have completed a 300-hour training program. AMP, located in the greater Kansas City area, is a leading provider of licensing and certification examinations for professional organizations.

◆◆◆ NONDISCRIMINATION POLICY

The Department and AMP do not discriminate among candidates on the basis of race, color, creed, gender, religion, national origin, disability or marital status.

◆◆◆ ELIGIBILITY REQUIREMENTS

To be eligible for the examination, applicants must meet the qualifications below:

Completion of a 300-hour supervised course of instruction in the following massage studies provided by a licensed massage therapy instructor, licensed massage school, a state approved education institution, or a combination of any of these in the following:

- (a) 125 hours of Swedish massage;
- (b) 50 hours of Anatomy;
- (c) 25 hours of Physiology;
- (d) 20 hours of Health and Hygiene;
- (e) 15 hours of Hydrotherapy;
- (f) 15 hours of Business Practices and Professional Ethics; and
- (g) 50 hour hands-on internship.

The department may waive the examination and verification of education if an applicant:

- (a) is currently licensed/registered/certified in another state, jurisdiction, or country that has requirements substantially equivalent to those in Texas; and
- (b) has held that license/registration/certification for a minimum of two years prior to application in Texas; and
- (c) has successfully completed a national examination or other examination acceptable to the department.

PLEASE NOTE: Candidates who have completed a 500-hour training program are ineligible to take the Texas Massage Therapy Licensing Examination. Those candidates should refer to the Texas Department of State Health Services massage therapy program website located at: www.dshs.state.tx.us/massage/default.shtm for information regarding examination options.

◆◆◆ REGISTERING FOR AN EXAMINATION

Candidates must apply to the Massage Therapy Licensing Program of the Texas Department of State Health Services. An application packet may be downloaded from their website at <http://www.dshs.state.tx.us/massage/>.

The Department will send written notification to approved candidates with examination scheduling instructions.

Non-English speaking candidates must apply directly to the state for the written examination.

◆◆◆ EXAMINATION ADMINISTRATION

The Massage Therapy Licensing Examination is a written examination delivered by computer at over 160 AMP Assessment Centers geographically located throughout the United States. The examination is administered by appointment only Monday through Saturday at 9:00 a.m. and 1:30 p.m. Available dates will be indicated when scheduling your examination. Candidates are scheduled on a first-come, first-served basis.

◆◆◆ THE WRITTEN EXAMINATION EXAMINATION FEES

The examination fee is required after your application has been reviewed and after you have received an examination approval letter from the Department. This fee is paid directly to AMP and must be in the form of credit card, cashier's check or money order. Payment by company check, personal check or cash is not acceptable.

Written Examination: \$87

Credit card transactions that are declined will be subject to a \$25 handling fee. You must send a cashier's check or money order for the amount due, including the NSF fee, to AMP to cover declined credit card transactions.

SCHEDULING AN APPOINTMENT

After the candidate has received confirmation from the Department, there are three ways to schedule an appointment for the written examination.

1. Schedule Online: The candidate may schedule an examination appointment online at any time by using AMP's online scheduling service. To use this service, follow these easy steps:
 - Go to www.goAMP.com and select "Candidates."
 - Follow the simple, step-by-step instructions to select your examination program, schedule an examination appointment and pay the examination fee using a credit card.

OR
2. Telephone Scheduling: Call AMP at 888/519-9901 to schedule an examination appointment and pay the examination fee using a credit card. This toll-free number is answered from 7:00 a.m. to 9:00 p.m. (Central Time) Monday through Thursday, 7:00 a.m. to 5:00 p.m. on Friday and 8:30 a.m. to 5:00 p.m. on Saturday.

OR
3. Schedule by Mail: This is a two part process: First, mail your examination form and fee to AMP Examination Services, 18000 W. 105th Street, Olathe, KS 66061-7543. Second, call AMP at 888/519-9901 to schedule an examination appointment. Please allow sufficient time for mail delivery and processing before calling.

When scheduling for the written examination, be prepared to confirm a location, a preferred date and time for testing, and to provide your Social Security number as a unique identification number. AMP will use your Social Security number only as an identification number in maintaining your record. When you contact AMP to schedule an examination appointment, you will be notified of the time to report to the Assessment Center. Please make a note of it because you will NOT receive an admission ticket.

If you call AMP by 3:00 p.m. Central Time on...	Depending on availability, your examination may be scheduled beginning...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday/Saturday
Thursday	Monday
Friday	Tuesday

HOLIDAYS

Examinations are not offered on the following holidays:

New Year's Day
Martin Luther King Day
Presidents' Day
Good Friday
Memorial Day
Independence Day (July 4)
Labor Day
Columbus Day
Veterans' Day
Thanksgiving Day (and the following Friday)
Christmas Eve Day
Christmas Day
New Year's Eve Day

ASSESSMENT CENTER LOCATIONS

AMP Assessment Centers have been selected to provide accessibility to the most candidates in all states and major metropolitan areas. AMP Assessment Centers are typically located in H&R Block offices. A current listing of AMP Assessment Centers, including addresses and driving directions, may be viewed at AMP's website at www.goAMP.com. Specific address information will be provided when you schedule an examination appointment.

SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES

The Department and AMP comply with the Americans with Disabilities Act and strive to ensure that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. The Department and AMP will provide reasonable accommodations for candidates with disabilities.

If you require special accommodations, complete the Request for Special Examination Accommodations form included in this handbook and submit to AMP for approval. Requests for special accommodations must be approved BEFORE scheduling the examination. The Request for Special Accommodations form should be submitted to AMP at least 60 days before the desired examination date.

Candidates testing with approved special accommodations should schedule their examination via AMP's toll-free number to ensure their accommodations are confirmed. Be sure to inform AMP of your need for special accommodations when calling to schedule your examination.

TELECOMMUNICATION DEVICES FOR THE DEAF

AMP is equipped with Telecommunication Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available 8:30 a.m. to 5:00 p.m. (Central Time) Monday-Friday at 913/895-4637. This TDD phone option is for individuals equipped with compatible TDD machinery.

EXAMINATION APPOINTMENT CHANGES

A candidate may reschedule an examination appointment at no charge once online at www.goAMP.com or by calling AMP at 888/519-9901 at least two business days prior to the scheduled testing session. (See table below.)

If the examination is scheduled on...	AMP must be contacted by 3:00 p.m. Central Time to reschedule the examination by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday

MISSED APPOINTMENTS AND CANCELLATIONS

A candidate will forfeit the examination registration and all fees paid to take the examination under the following circumstances.

- The candidate wishes to reschedule an examination but fails to contact AMP at least two business days prior to the scheduled testing session,
- The candidate wishes to reschedule a second time,
- The candidate appears more than 15 minutes late for an examination, or
- The candidate fails to report for an examination appointment.

A complete application form and examination fee are required to re-register for the examination.

INCLEMENT WEATHER, POWER FAILURE OR EMERGENCY

In the event of inclement weather or unforeseen emergencies on the day of an examination, AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center. If power to an Assessment Center is temporarily interrupted during an administration, your examination will restart where you left off and you may continue the examination.

Candidates may contact AMP's Weather Hotline at (800) 380-5416 (24 hours/day) prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

◆◆◆ TAKING THE WRITTEN EXAMINATION

Your examination will be given by computer at an AMP Assessment Center. You do not need any computer experience or typing skills to take your examination. On the day of your examination appointment, report to the Assessment Center no later than your scheduled testing time. Look for the signs indicating AMP Assessment Center Check-in. A CANDIDATE WHO ARRIVES MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME WILL NOT BE ADMITTED.

IDENTIFICATION

To gain admission to the Assessment Center, you must present two forms of identification, one government issued with a current photograph. Both forms of identification must be current and include the candidate's current name and signature. You will be required to sign a roster for verification of identity.

Acceptable forms of photo identification include a current driver's license with photograph, a current state identification card with photograph, a current passport, or a current military identification card with photograph. Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable as the primary form of identification.

You must have proper identification to gain admission to the Assessment Center. Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of your examination fee.

SECURITY

The Department and AMP maintain examination administration and security standards that are designed to assure that all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, Personal Digital Assistants (PDAs), pagers or cellular phones are allowed in the testing room.
- No calculators are permitted.
- No guests, visitors or family members are allowed in the testing room or reception areas.

- No personal items, valuables, or weapons should be brought to the Assessment Center. Only keys and wallets may be taken into the testing room and AMP is not responsible for items left in the reception area.

EXAMINATION RESTRICTIONS

- No personal belongings will be allowed in the Assessment Center. Pencils will be provided during check-in.
- You will be provided with scratch paper to use during the examination. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive a score report. No documents or notes of any kind may be removed from the examination room.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

MISCONDUCT

Individuals who engage in any of the following conduct may be dismissed from the examination. Their scores will not be reported, and examination fees will not be refunded. Examples of misconduct are when a candidate:

- creates a disturbance, is abusive, or otherwise uncooperative;
- displays and/or uses electronic communications equipment such as pagers, cellular phones, PDAs;
- gives or receives help or is suspected of doing so;
- attempts to record examination questions or make notes;
- attempts to take the examination for someone else; or
- is observed with notes, books or other aids.

COPYRIGHTED EXAMINATION QUESTIONS

All examination questions are the copyrighted property of the Texas Department of State Health Services. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

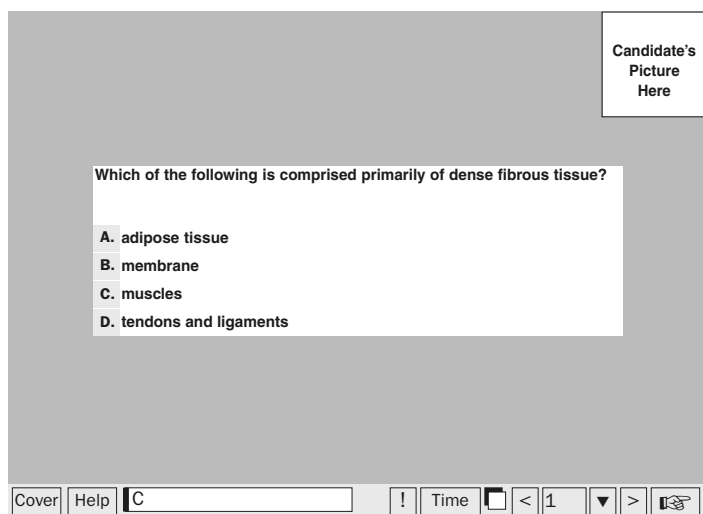
PRACTICE EXAMINATION

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your Social Security number. You will take your photograph which will remain on screen throughout your examination session. This photograph will also print on your score report.

Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

TIMED EXAMINATION

Following the practice examination, you will begin the timed examination. Before beginning, instructions for taking the examination are provided on-screen.



Candidate's Picture Here

Which of the following is comprised primarily of dense fibrous tissue?

- A. adipose tissue
- B. membrane
- C. muscles
- D. tendons and ligaments

Cover Help C ! Time 1 < > [Hand Icon]

The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the "Time" box in the lower right-hand corner of the screen or select the Time key to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right hand corner of the screen. Choices of answers to the examination question are identified as A, B, C or D. You must indicate your choice by either typing in the letter in the response box in the lower left hand of the computer screen or

clicking in the option using the mouse. To change your answer, enter a different option by pressing the A, B, C or D key or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen or select the NEXT key. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon or select the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon or press the NEXT key. When the examination is completed, the number of examination questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no penalty for guessing.

CANDIDATE COMMENTS

During the examination, online comments may be provided for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided.

FOLLOWING THE EXAMINATION

Following the Written Examination, candidates are asked to complete a short evaluation of their examination experience. Then, candidates are instructed to report to the examination proctor to receive their score report. Scores are reported in written form only, in person or by U.S. mail. Scores are not reported over the telephone, by electronic mail or by facsimile.

PASS/FAIL SCORE DETERMINATION

The passing score for the Written Examination is determined by a commonly accepted statistical method that includes ratings by experts in determining what is the minimally acceptable level of performance. Usually this score is achieved by answering 75% of the questions correctly.

EXAMINATION RESULTS

Examination results are reported at the end of each week to the Department of State Health Services (DSHS). Please contact DSHS with questions concerning licensure processing timelines.

DUPLICATE SCORE REPORT

Candidates may purchase additional copies of their written examination results at a cost of \$25 per copy. Requests must be submitted to AMP in writing within 12 months of the examination. The request must include the candidate's name, Social Security number, mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to AMP in the form of a money order or cashier's check. Duplicate score reports will be mailed within approximately two weeks after receipt of the request and fee.

SCORE CANCELLED BY THE DEPARTMENT OR AMP

The Department and AMP are responsible for the validity and integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. The Department and AMP reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

FAILING TO REPORT FOR AN EXAMINATION

A candidate who fails to report for an examination forfeits the application and all fees paid to take the examination. The candidate must reapply to AMP.

EXAMINATION CONTENT

WRITTEN EXAMINATION (300-HOUR TRAINING PROGRAM)

The written examination consists of 155 questions. You will be required to answer multiple choice and true/false questions. The breakdown of content areas covered in the examination is as follows:

<u># questions</u>	<u>Content Area</u>
60	Swedish Massage Therapy (includes contraindications and pathology)
60	Anatomy and Physiology
8	Hydrotherapy
15	Business Practices and Professional Ethics
7	Health and Human Hygiene

In addition to the 150 scored questions, the examination contains 5 unscored questions that will be considered for use on future examinations. These 5 questions are randomly distributed throughout the examination and will not be identified as unscored when presented on the examination. You must answer all 155 questions to ensure your highest possible score on the 150 scored questions.

Each question has only one correct answer. Read each question carefully and choose the most appropriate answer. Your score will be the number of questions that you answer correctly. There is no penalty for guessing. Complete the questions you know first; save the others until later. Remember that you are interested in getting the greatest number of questions correct and in having enough time to complete the examination. You will have 2½ hours to complete the examination.

SAMPLE EXAMINATION QUESTIONS

Following are sample questions in the same style and similar content as will be on your examination. Use the sample questions to verify your understanding of the topics in the examination. Answers are provided for the sample questions. Each of the questions in the written examination will be worth one (1) point.

1. The kneecap is another term for the
 - A. femur
 - B. patella
 - C. clavicle
 - D. sternum
2. The collar bone is another term for the
 - A. femur
 - B. patella
 - C. clavicle
 - D. sternum
3. The thigh bone is another term for the
 - A. femur
 - B. patella
 - C. clavicle
 - D. sternum
4. Which of the following is comprised primarily of dense fibrous tissue?
 - A. adipose tissue
 - B. membrane
 - C. muscles
 - D. tendons and ligaments
5. Voluntary movements of the skeletal muscles are controlled primarily by the autonomic system.
 - A. True
 - B. False

Answers

(1) B (2) C (3) A (4) D (5) B



TEXAS MESSAGE LICENSING EXAMINATION REGISTRATION FORM

ONLY for candidates who have completed a 300-hour training program

IMPORTANT: Do NOT submit this form or try to schedule your exam until you have received notice from the Texas Department of State Health Services that you are approved for the exam.

Written Examination Instructions:

After you receive confirmation from the Department, **submit this form ONLY if you are paying your examination fee by cashier's check or money order.** If payment is to be made by credit card, visit www.goAMP.com or call AMP at 888/519-9901 to schedule your appointment and do not submit this form. If you submit this form for the written examination, you must contact AMP at www.goAMP.com or by phone to schedule your written examination. AMP will NOT send you scheduling information by mail for the written examination.

1. **NAME**

Last Name

First Name

M.I.

2. **MAILING ADDRESS**

Number, Street and Apartment Number

City

State

Zip Code

E-mail Address

3. **TELEPHONE NUMBER** (_____) _____ - _____ and (_____) _____ - _____
Home Telephone Number Alternate Telephone Number

4. **SOCIAL SECURITY NUMBER** _____ - _____ - _____

5. **TEST TYPE** (*check one*) ☐ Written Portion (\$87)

*NOTE: If you are a non-English exam candidate, please contact the Texas Department of State Health Services for specific examination registration instructions.

6. **EXAMINATION PAYMENT:** Submit this form if making payment by cashier's check or money order only. Make your cashier's check or money order payable to AMP. Payment by company check, personal check or cash is not acceptable.

7. **SIGNATURE AND DATE**

I have read and understand the information provided in the Candidate Handbook, and the information I have provided on this registration form is true and complete to the best of my knowledge.

Signature: _____ Date: _____

**Mail this form with the appropriate payment information to:
Texas Massage Licensing Examination, Examination Services,
18000 W. 105th Street, Olathe, KS 66061-7543.**



REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

ONLY for candidates who have completed a 300-hour training program

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side so your accommodations for testing can be processed efficiently. Please submit the completed form to AMP at least 60 days before you plan to take the examination. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

CANDIDATE INFORMATION

Social Security Number _____

Name (Last, First, Middle Initial, Former Name)

Mailing Address

City

State

Zip Code

Daytime Telephone Number

SPECIAL ACCOMMODATIONS

I request special accommodations for the _____ examination.

Please provide (check all that apply):

- ☐ Special seating or other physical accommodation
- ☐ Reader
- ☐ Extended examination time (time and a half)
- ☐ Distraction-free room
- ☐ Other special accommodations (Please specify.)

Comments: _____

Signed: _____ Date: _____

Return this form with your examination application and fee to:
Candidate Support Center, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543.
If you have questions, call the Candidate Support Center at 913/895-4600.



DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (special education professional, vocational rehabilitation counselor, physician, psychologist, psychiatrist) to ensure that AMP is able to provide the required examination accommodations.

PROFESSIONAL DOCUMENTATION

I have known _____ since ____ / ____ / ____ in my capacity as a
Examination Candidate Date

Professional Title

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability: _____

Signed: _____ Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____ E-mail Address: _____

Date: _____ License # (if applicable): _____

**Return this form with your examination application and fee to:
Candidate Support Center, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543.
If you have questions, call the Candidate Support Center at 913/895-4600.**